

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

inventor (if plural names are listed below) of the subject sought on the invention entitled:	, , , , , , , , , , , , , , , , , , , ,
NOVEL MERCAPTOPHENYL NAPHTHYL METHA	ANE COMPOUNDS AND SYNTHESIS THEREOF
the specification of which (check only one item below):	•.
is attached hereto, and was amended on	(if applicable).
was filed as United States application number	
and was amended on	(if applicable).
was filed as PCT international application number	per on
and was amended on	(if applicable).
I hereby state that I have reviewed and understand the the claims, as amended by any amendment referred to I acknowledge the duty to disclose to the Office all information.	
defined in Title 37, Code of Federal Regulations, §1.56	
I hereby claim foreign priority benefits under Title 35, U foreign application(s) for patent or inventor's certificate least one country other than the United States of Amer foreign application(s) for patent or inventor's certificate least one country other than the United States of Amer filing date before that of the application(s) of which priority of the states of the application (s) of which priority of the states of the application (s) of which priority of the states of the application (s) of which priority of the states of	or of any PCT international application(s) designating at ica listed below and have also identified below any or any PCT international application(s) designating at ica filed by me on the same subject matter having a
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CL	AIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UND 35 U.S.C. §§119, 172 or 3
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
	·		☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Analization	NI.
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110.
Attorney Docket No.	033166-024

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 2 1 8 3 9

P.C. Box 1404

Alexandria, Virginia 22313-1404

Address all telephone calls to: NORMAN H. STEPNO

at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
	SANGITA
INVENTOR'S SIGNATURE Sangute	DATE 7/6/2
RESIDENCE (City, State & Country)	CITIZENSHIP
LUCKNOW-226001 UTTAR PRÁĎESH, INDIA	INDIAN
MAILING ADDRESS (Complete Street Address including City CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR M	y, State, Zip & Country) ANZIL PALACE, LUCKNOW-226001, UTTAR PRADESI
NAME OF SECOND INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
ATUL	KUMAR
INVENTOR'S SIGNATURE	QY' DATE 5.6.200
RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA	CITIZENSHIP
MAILING ADDRESS (Complete Street Address including Cit CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR M	y, State, Zip & Country) IANZIL PALACE, LUCKNOW-226001, UTTAR PRADES
NAME OF THIRD INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
MAN MOHAN	SINGH
INVENTOR'S SIGNATURE M.M. Suig	DATE 23.5.20
RESIDENCE (City, State & Country)	CITIZENSHIP
LUCKNOW-226001, UTTAR PRÁDESH, INDIA	INDIAN
	INDIAN

Application	No
Attorney Docket No.	033166-024

GIVEN NAME (first and middle (if any))	AMILY NAME OR SURNAME	
GIRISH KUMAR	JAIN	
INVENTOR'S SIGNATURE		TE
x 623:		25. 5. 2004
RESIDENCE (City, State & Country)		CITIZENSHIP
.UCKNOW-226001, UTTAR PRÄDESH, INDIA		INDIAN
MAILING ADDRESS (Complete Street Address including City, State, DEIN: RAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL F	Zip & Country) ALACE, LUCKNOW-22600	i1, UTTAR PRADESH, IND
NAME OF FIFTH INVENTOR		
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME	
PUVVADA SRI RAMANCHANDRA	MUF	RTHY
INVENTOR'S SIGNATURE	DA	25. S. 2004
RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA		CITIZENSHIP INDIAN
)1, UTTAR PRADESH, INC
CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL I	PALACE, LUCKNOW-22600	
NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any))	PALACE, LUCKNOW-22600	E
MAILING ADDRESS (Complete Street Address including City, State, CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL FOR SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE	PALACE, LUCKNOW-22600 FAMILY NAME OR SURNAMI	
NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE RESIDENCE (City, State & Country)	PALACE, LUCKNOW-22600 FAMILY NAME OR SURNAMI	E AÝ
CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL F NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA MAILING ADDRESS (Complete Street Address including City, State,	FAMILY NAME OR SURNAMI R D/	CITIZENSHIP
NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA MAILING ADDRESS (Complete Street Address including City, State,	FAMILY NAME OR SURNAMI R D/	CITIZENSHIP
NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA MAILING ADDRESS (Complete Street Address including City, State, CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL	FAMILY NAME OR SURNAMI R D/	E LAY ATE 26. 5. 2004 CITIZENSHIP INDIAN 01, UTTAR PRADESH, INC
NAME OF SIXTH INVENTOR GIVEN NAME (first and middle (if any)) SUPRABHAT INVENTOR'S SIGNATURE RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA MAILING ADDRESS (Complete Street Address including City, State, CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL NAME OF SEVENTH INVENTOR	FAMILY NAME OR SURNAMI Zip & Country) PALACE, LUCKNOW-2260	E LAY ATE 26. 5. 2004 CITIZENSHIP INDIAN 01, UTTAR PRADESH, INC
RESIDENCE (City, State & Country) LUCKNOW-226001, UTTAR PRADESH, INDIA MAILING ADDRESS (Complete Street Address including City, State, CENTRAL DRUG RESEARCH INSTITUTE, CHATTAR MANZIL NAME OF SEVENTH INVENTOR GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAMI Zip & Country) PALACE, LUCKNOW-2260	E PAY ATE 26. 5. 2004 CITIZENSHIP INDIAN 01, UTTAR PRADESH, INC